STD. 262 (REV.	9/2007)					ns and *Pri n Reverse S			Page of Pages					
CLAIMANT'S NA	AME					SSN or EMPI	LOYEE NUM	BER*	DEPARTMENT					
POSITION			CB/ID) No.		DIVISION or	BUREAU		ļ		INDEX NUMBER			
RESIDENCE AD	DDRESS *					HEADQUAR	TERS ADDRI	ESS			TELEPHO	NE NUMBEF		
							-							
CITY		STAT	E ZIP C	ODE		CITY				STATE ZIP			ODE	
(1) NORMAL WO	DRK HOURS					(2) PRIVATE V	/EHICLE LICI	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR (6) (7) (8) M				MEALS		(9) (10)			TRANSPORTATION			(11)	(12)	
	LOCATION WHERE EXPENSES		BREAK-	T	O.T., L/		(A)	(B) (C)		DDIVA	(D)	DUSINESS	TOTAL	
(5) DATE TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	COST OF TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
(13)	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	")												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE	
												E ONLY		
										PAID	BY REVOLVIN	IG FUND CHE	ECK NUMBE	
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	statement of th	e travel expe	enses incurred	d by me in the vehicle	accordance wi	th DPA rules or greater than	in the ser	vice of the State claimed, and tha	of Califo t I have r	rnia. If a priva	itely owned ver	ehicle was scribed by	
SAM Se CLAIMANT'S SI		54 pertaining to	vehicle safety DATE	y and seat be					NG TRAVEL AN			ATE		
>=					×									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

				Cle	ar	Print		Impor	tant Note						
/EL E	EXPENSE CLAIM	INEL ADMINI	STRATION							Page	1 of _	1 Pag	jes		
					3	SSN or EMPI	OYEE NUMI	BER*				· · · · · · · · · · · · · · · · · · ·			
NUA	EHNES		CB/ID	No.		DIVISION or	BUREAU			DME	10	INDEX NU	MBER		
CTO	R		NON		I	DIRECT	OR'S OF	FICE				1000			
NCE ADI	DRESS *												NE NUMBER		
		STAT	F ZIP.CC	DE			STREET	r, Sur	TE 500		322-2012 STATE ZIP CODE				
				MENTO	CA										
MAL WO	RKHOURS				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED			
H/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)		
2009	WHERE EXPENSES		BDEAK				(A)	(B)	(C)	DD0/A	(D)	BUGINESS	TOTAL		
TIME	and the entire transfer agent at the entire transfer and the entire transfer a	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING			EXPENSE	EXPENSES FOR DAY		
05300								4.2	15.00		0.00		15.00		
2100	Washington DC to Los Angeles							A	15.00		0.00		15.00		
											0.00		0.00		
											0.00		0.00		
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	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		30.00	0.00	0.00	0.00	30.00		
UMN (CODE (ACCTG. USE ONLY)														
(CLAIM TOTAL												\$30.00		
		ach receipts/v	ouchers when	required)						A					
		itchingon	in Arline	rton VA						DAID	2000				
Mark	McClellan at Brookings I	nstitution	in Wash	ington D	C, Ame	rica's He	alth Insu	rance I	Plans	PAID	Y REVOLVIN	G FUND CHE	CK NUMBER		
4.	1:1 (C C T 111 A)	. B. 1:	, N.	4		TEGC	0/10/0	2							
arking note	: The Director parks in sh	t. Parkin ort-term j	g not clai parking, a	s a reasc	originai onable ac	commod	n 8/12/09 lation.	9.							
Contin	uation of trip from Washir	ngton DC	to Los A	ngeles.											
HEREE	SY CERTIFY That the above is a true st d if mileage rates exceed the minimum	atement of th	e travel exper	nses incurred	l by me in ac he vehicle w	ccordance wi	h DPA rules r greater than	in the sei	rvice of the State claimed, and that	of Califor	nia. If a priva	tely owned ve	ehicle was scribed by		
SAM Sec	ctions 0750, 0751, 0752, 0753 and 0754	pertaining to	pertaining to vehicle safety and sea												
					ES										
CIALEX	PENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							DA	ATE			
	INDA N CTO NCE ADI VELE R (REV. S R (REV. S R R R R NDA N CTO NCE ADI R R CTO NCE ADI R R R R R R R R R R R R R R R R R R R	CLAIM TOTAL SUBTOTALS Washington DC to Los Angeles Washington DC to Los Angeles CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Att. Flew to Washington DC Attended a meeting w/Kevin Hill Mark McClellan at Brookings I Barking ticket for Sac Int'l Airpor Chair The Director parks in sh Continuation of trip from Washir Continuation of trip from Washir	SUBTOTALS Washington DC to Los Angeles SUBTOTALS UMN CODE (ACCTG. USE ONLY) CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Attach receipts/y Flew to Washington DC Attached a meeting w/Kev in Hutchinson Mark McClellan at Brookings Institution arking ticket for Sac Int'l Airport. Parking the continuation of trip from Washington DC HEREBY CERTIFY That the above is a true statement of the user, and if mileage trates exceed the minimum rate, I certify say Sections 0750, 0751, 0752, 0753 and 0754 pertaining to NTS SIGNATURE	FCALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION FEL EXPENSE CLAIM (REW. 92007) TITS NAME NOA EHNES N CTOR NON MICE ADDRESS - STATE ZIP CC CA IAL WORK HOURS IAL WORK HOURS WERE INCURRED Washington DC to Los Angeles SUBTOTALS O,00 0,00 UMN CODE (ACCTG, USE ONLY) CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when Flew to Washington DC Attended a meeting w/Kevin Hutchinson in Arling Mark ing ticket for Sac Int'l Airport. Parking not clair in once: The Director parks in short-term parking, a Continuation of trip from Washington DC to Los Altered Trip (752, 0753, and 0754 partaining to the Los Adversed Signal and Indiagon (1051, 10752, 0753 and 0754 partaining to los adors) HEREBY CERTIFY That the above is a true statement of the travel experiesd, and continuation of trip from Washington DC to Los Altered Certify that the coad of the coad of mileage, otost, 0754, 0752, 0753 and 0754 partaining to be dead of the coad of	See Institution in Washington DC Subtrotals UMN CODE (ACCTG. USE ONLY) CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Flew to Washington DC Attended a meeting w/Kevin Hutchinson in Arlington, VA Mark McClellan at Brookings Institution in Washington DC arking ticket for Sac Int'l Airport. Parking not claimed on the cit. The Director parks in short-term parking, as a reaso continuation of trip from Washington DC to Los Angeles. HEREBY CERTIFY That the above is a true statement of the travel expenses incurre used, and if mileage rates exceed the mileage in short-term parking, as a reaso continuation of trip from Washington DC to Los Angeles. HEREBY CERTIFY That the above is a true statement of the travel expenses incurre used, and if mileage rates exceed the mileage in short-term parking, as a reaso continuation of trip from Washington DC to Los Angeles.	PECALPONNA - DEPARTMENT OF PERSONNEL ADMINISTRATION SEA INSTITUTION WHERE EXPENSES NON CTOR NON CEADDRESS* STATE ZP CODE CA STATE ZP CODE	Sea Instructions and Prince Sea Instructions Sea Instructi	See Instructions and "Privacy Statement On Reverse State TIS NAME NON DIRECTORS NON DIRECTORS NON DIRECTORS SEE TO DIVISION & BURRAU DIVISIO	SECULIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION See Instructions and "Privacy Statement On Reverse Side SIN CEDION. DVISION of BUREAU TOTOR NON DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SIATE ZP CODE CA SIATE ZP CODE CA SIATE ZP CODE CA SIATE ZP CODE CA SACRAMENTO CA DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SO OTH STREET, SUT CA SACRAMENTO CA DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SO OTH STREET, SUT CA SACRAMENTO CA DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO CA SACRAMENTO CA DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO CA SACRAMENTO CA SACRAMENTO CA NON NON DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO CA SACRAMENTO CA NON NON DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO CA SACRAMENTO CA NON NON DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO CA SACRAMENTO CA NON NON DIRECTOR'S OFFICE HEADQUARTERS ADDRESS SACRAMENTO COT INT COST OF TOPE TRAINS SED TALIS SACRAMENTO COST OF TOPE TRAINS SED TOPE TOPE	See Instructions and "Privacy Statement on Reverse Side Instructions and "Privacy Statement on Reverse Side See Instructions and "Privacy Statement on Reverse Side Instructions and "Privacy Statement on Reverse Side See Instructions and "Privacy Statement on Reverse Side Instructions and "Privacy Bulbers" Instructions and "Privac	SOURCEAUN - DEFORMENT OF PRESIDENT ADMINISTRATION See Instructions and "Privacy Statement On Reverse Side Proposed Trivacy DMR NDA EHNES NON DIRECTORS OFFICE HEADOURIES ADDRESS SOFTISTREET, SUITE 500 STATE ZP CODE STATE ZP	See Instructions and **Privacy** Statement on Reverse Side See Instructions and **Privacy** See Instructions See Instructions Instructions See Instructions See Instructions Instruc	See Instructions and Privacy Statement on Reverse Side See Instructions and R		

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	NT'S NA					S	SN or EMPI	LOYEE NUME	DEPARTMENT							
POSITION		EHNES		CB/ID	No.	D	IVISION or	BUREAU			DME	IC	INDEX NU	MBER		
DIRECTOR NON DIRECTOR'S OFFICE													1000			
RESIDE	NCE AD	DRESS *				H.	IEADQUAR [*]	TERS ADDRE	ESS				TELEPHONE NUMBER			
CITY			STATI	E ZIP CO	DDE	C	CITY					STATE	ZIP C	ODE		
			CA			S	ACRAN	MENTO				CA	95814	l.		
(1) NOR	MAL WO	RK HOURS				(2)	PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED			
(4) MONT	H/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)		
	2009	LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL EXPENSES		
-	TIME	WERE INCORRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
13	1725	Dulles AP to LAX	125.47									0.00		125.47		
14	2035	LAX to Sacramento		6.00		18.00	6.00	55.00	T/A/ SC			0.00		85.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
53.												0.00		0.00		
10												0.00		0.00		
5												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
113												0.00		0.00		
(13)	20	SUBTOTALS	125.47	6.00	0.00	18.00	6.00	55.00		0.00	0.00	0.00	0.00	210.47		
_ COI		CODE (ACCTG. USE ONLY)												\$210.47		
		CLAIM TOTAL												3210.4 7		
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY													ACCOUNTING OFFICE USE ONLY			
8-14 - Attended a Right Care Initiative Meeting in Santa Monica, CA											2000	LVING FUND CHECK NUMBER				
(15)	HEREI	BY CERTIFY That the above is a true s	tatement of the	e travel exper	nses incurred	by me in acc	cordance wi	th DPA rules	in the se	rvice of the State	of Californ	nia. If a priva	tely owned ve	ehicle was		
CLAIMA	SAM Se	no if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754 SNATURE	pertaining to	vehicle safety DATE	and seat bel	t usage.				NG TRAVEL AND			TE	оспрей ру		
B				09/	/03/09	25							09/03	/09		
(17) SP	ECIAL EX	(PENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)	2						DA	O9/03	/09		
													92,03	William .		

	Send			Data	Cle	ar	Print		Impor	tant Note				
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINIS	STRATION			s and *Pri Reverse S				Page	1 of _	1 Pag	es
	NT'S NA						SSN or EMPI	LOYEE NUME	BER*			RTMENT		
POSITION		EHNES	2	DIVISION or	BUREAU			DME	IC	INDEX NU	MBER			
	ECTO:	R		NON			DIRECT		FICE		1000			
RESIDE	NCE AD	DRESS *		-			HEADQUAR			na a Lauret et la		TELEPHONE NU		
CITY				980 9TH	STREET	, SUI	TE 500	322-20 STATE ZIP 0			TO ACCUSE TO A STATE OF THE ACCUSE OF THE AC			
				SACRAN	MENTO				CA 95814					
(1) NOR	MAL WO	RKHOURS				(2) PRIVATE V	EHICLE LICE	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	:
(4) MON		(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
	2009	LOCATION WHERE EXPENSES WERE INCURRED		BREAK-	0.T., L/ N/C, RE			(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES
(5) DATE	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
14	2100	Washington DC to Los Angeles							A			0.00		0.00
14	2300	Los Angeles to Sacramento							A/SC	15.00	, .	0.00		15.00
-												0.00		0.00
24												0.00		0.00
ai-												0.00		0.00
FC.												0.00		0.00
36												0.00		0.00
10												0.00		0.00
												0.00		0.00
			4									0.00		0.00
30												0.00		0.00
(13)												0.00		0.00
		SUBTOTALS	0.00	0.00	0.00	0.0	0.00	0.00		15.00	0.00	0.00	0.00	15.00
CO		CODE (ACCTG. USE ONLY) CLAIM TOTAL												\$15.00
(4.4) DU					tiIN									
visia (20-ovoros												SENCY ACC	COUNTING E ONLY	OFFICE
8-14 - Continuation of trip from Washington DC to Los Angeles. 8-14 - Attended a Right Care Initiative Meeting in Santa Monica, CA PAID BY REVOLVE											Y REVOLVIN	G FUND CHE	CK NUMBER	
		g ticket for Sac Int'l Airpor : The Director parks in sh												
ricas	e note	. The Director parks in sir	ort-term j	oarking, a	s a reasc	паоте а	ccommoc	iauon.						
(15)	HEREE	BY CERTIFY That the above is a true sind if mileage rates exceed the minimum	tatement of th	e travel exper	ses incurred	by me in a	accordance wi	th DPA rules	in the ser	vice of the State	of Califon	nia. If a priva	tely owned ve	ehicle was
CLAIMA	SAM Se	id if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754 SNATURE	pertaining to	ate, I certify that the cost of operation ertaining to vehicle safety and seat DATE						NG TRAVEL AND		-	ments as pres	ьспред ву
2						B								
(17) SP	ECIAL EX	(PENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							DA	ATE.	
7/25														